PERSONAL DATA

Name	Social Security #	Date of Birth

Name	Social Security #	Date of Birth

Address

Do you live in the city or the township ☐ City ☐ Township

Phone	Phone

Email

Marital Status as of December 31. ☐ Single ☐ Married ☐ Live with Spouse

Dependents	Relationship	SSN	Date of Birth
1			
2			
3			
4			
5			

Health Insurance

Did you at any time have Market Place Insurance? ☐ Yes ☐ No

If "Yes" You Must Bring The 1095a Form That You Received.